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AUTHOR Sloan, Mindy; Schafer, Mary Ann
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ABSTRACT

This study developed a classification model for matching appropriate psychoeducational interventions with specific groups of adolescent sexual offenders. Participants were male juvenile sex offenders incarcerated as wards in the Continuum of Care Sex Offender Treatment Program of the California Department of Corrections. The treatment provided services to offenders while incarcerated and throughout their parole. Psychoeducational interventions were used to explain common laws, norms in mainstream American culture, and consequences for choosing behaviors outside the norms. The treatment team included specialized parole agents, youth counselors, supervisors, psychologists, and teachers. A formative and summative evaluation of the program was conducted over 3 years. The Offender Typology System was developed to classify juvenile offenders into one of four categories. The model described offenders relative to two dimensions (knowledge and skills and morality and values). Overall, treatment team members considered the typology system an accurate, usable, and simple system for identifying individual offender needs. They found that offenders identified as not caring about societal norms, laws, and consequences the most difficult to treat. The paper presents tips for helping teachers integrate their services into a treatment program for juvenile sex offenders (e.g., anger management, empathy development, relapse prevention tools). (Contains 10 references.) (SM)

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Sloan Schafer
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An Offender Typology Based Upon Psychoeducational Needs: A Collaborative Climate for Success

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Mindy Sloan
Mary Ann Schafer
Bradley University

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The purpose of this study was to develop and describe a classification model useful in matching appropriate psychoeducational interventions with specific groups of adolescent sexual offenders. The simplicity of the model facilitates an accurate assessment of dangerousness, can be used to conduct on-going assessments of treatment progress, may be used to make decisions concerning the allocation of resources, supports a multidisciplinary approach to service delivery, and provides a framework from which to develop staff training.

Little study in the field of education has focused upon methods for training teachers to intervene successfully with juvenile sexual offenders or to work collaboratively with other mental health professionals to deliver services to these students. As such, there is a great need to find ways to appropriately prepare educators who will be addressing the educational needs of violent offenders in the community and within the prison system. Useful, multidisciplinary treatment programs for adolescent sexual offenders who will eventually be released into society are necessary to increase public safety in our communities.

Background

The 1997 National Crime Victimization Survey reported that despite a reported 7% decline in the nation's crime rate, rates of rape and sexual assault did not decline (Bureau of Justice Statistics, 1998). Indeed Able, Becker, Mittleman, Cunningham, Rathner, Rouleau, and Murphy (1987) studied 411 paraphiliac sex offenders under a Federal Certificate of confidentiality. They determined that on average each offender committed 44 crimes a year, most of them not reported to law enforcement. Beck and Shipley (1996) examined the rates of recidivism for criminals released from prison. They found age to be inversely related to the probability of reoffending: The younger the offender the more likely he would reoffend. Released prisoners were often rearrested for the same types of crimes for which they were initially convicted, and released rapists were 10.5 times more likely than nonrapists to be rearrested for rape. Rapists were also 5 times more likely to be arrested for homicide. The overall recidivism rate after 3 years for released rapists was 51%, and for other sexual predators it was 47.9%. A study sponsored by the State Evaluation Development Program and the Bureau of Justice Assistance, Office of Juvenile Programs (February 1996) concluded that most sex offenders are released without treatment. Using the Colorado Department of Corrections as an example, it was determined that of 251 released sex offenders, 197completed a maximum length of stay while only 54 were released to parole with time remaining under supervision.

An Office of Juvenile Justice Delinquency Prevention (University of Illinois, Center for Legal Studies, 1998-1999) effort supports the need to assess the feasibility of approaches to developing juvenile sex offender typologies. The National Institute of Justice, Center for Sex Offender Management (February 1999) stresses the need for a better risk assessment and classification system for juvenile sex offenders. Additionally, they

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question the need for offense specific treatment responses. An effective offender classification model and assessment system is needed to prescriptively place youth in treatment individualized according to need. An offender typology system must be compatible with the needs of professionals from a variety of fields, including but not limited to those in education, law enforcement, social services, mental health and medicine. The model must be easy to understand and implement across various settings, including in the offender's placement or home after release.

Adolescent sexual offenders are entitled to receive an education consistent with that mandated by the Individuals with Disabilities Education Act (IDEA) most recently reauthorized in 1997. However, few educators are trained in methods for identifying or teaching these students. While small numbers of incarcerated sex offenders receive treatment for their crimes, even fewer receive treatment incorporating a multidisciplinary approach to program planning. As such, within the prison system for example, teachers are typically excluded as members of the treatment team. Attempts to rehabilitate violent juveniles are likely to fail if service providers resist joining one another in providing collaborative, holistic programs of treatment. By requiring various types of information and participation, a good classification model and assessment system can facilitate multidisciplinary teamwork.

Methods and Procedures

In 1995, the State of California approved a Budget Change Proposal (BCP) funding and evaluating the effectiveness of a treatment program for juvenile sex offenders housed within the Department of Corrections, California Youth Authority. The BCP contained a description of a Continuum of Care Treatment Model that would provide treatment services to offenders not only while incarcerated, but also throughout their time on parole. The treatment approach included the services of specialized parole agents, youth counselors, treatment team supervisors, and psychologists. Although actively involved in providing educational services to these offenders, teachers were not included in the development or implementation of the model.

The BCP called for an experimental study, with members of the experimental group housed at two different locations. A group of 60 sex offenders were housed on an open dormitory at a Northern California institution and a group of 80 were housed in individual-double bunked rooms in a maximum security Southern California setting. Members of the control group were receiving services traditionally offered by the California Youth Authority.

The lack of study and materials regarding effective treatment for these offenders, particularly in the field of Education, became increasingly obvious during the first two years of the program's implementation. While staff members were dedicated and experienced, they lacked methods for articulating their thoughts about the effectiveness of treatment for specific offenders. Some of the staff were more successful than others, and so it became important to find ways to teach others the methods used by those who were successful. Extensive interviews with staff and offenders and many observations resulted in the development of the Offender Typology System (Figure 1) included in this paper. As part of the treatment program, the System was not only easy to understand and implement, but was accurate in identifying those offenders most at risk of continuing their violent behavior. It also provided a forum encouraging teachers to bring their expertise and skills to the program.

Participants

Participants were 140 randomly selected juvenile sex offenders incarcerated as wards in the Continuum of Care Sex Offender Treatment Program housed within the California Department of Corrections, California Youth Authority. Each ward was male, between 16 and 21 years of age, had at least 2 years of incarceration time remaining when selected for the program, was an English speaker, and was identified as a sex offender using one or more of the following criteria:

- Committing offense was a sex offense (e.g., rape, aggravated sexual assault, sexual relations with a minor)
- A sex offense was in the juvenile's history, although it may not have been an adjudicated offense (e.g., plea bargain)
- A sex offense is committed after sentencing to the Youth Authority (e.g., sexual assault of another ward or staff member)
- A sex offense is discovered after sentencing to the Youth Authority (e.g., self-disclosure, revealed to psychologist or other staff).

Analysis indicated no demographic differences between the experimental and control groups. The average age of participants was 18.1 years and the average length of stay upon admittance to the program was 2.7 years. Approximately 30% of participants described themselves as African American, Latino, or Caucasian respectively. There was one participant in the experimental group and one participant in the control group who were of Asian ancestry. Approximately 30% of offenders were originally identified as rapists, 30% child molesters, and the remaining had committed a variety of sexual offenses (e.g., frottage, beastiality). All of the offenders attended school daily, but most were placed in grades significantly lower than would be indicated by their ages.

The treatment team consisted of a program administrator, treatment team supervisor, three institutional parole agents, three field parole agents, three psychologists, one school psychologist, three teachers, and eleven Youth Counselors all working at the Northern California facility.

Instrumentation

A formative and summative evaluation of the program was conducted over a 3-year period. During years 2-3, the Offender Typology System was developed to classify juvenile offenders into one of four possible categories. The Model described offenders relative to two dimensions, Knowledge and Skills ("I know") and Morality and Values ("I care"). Together, these two dimensions created four possible typologies.

Type 1: These offenders are knowledgeable and skilled concerning appropriate social behavior. They know how to be prosocial members of society, and they want to act consistent with the rules and expectations of society. These offenders are the least likely to continue their violent behavior after release.

Type 2: These offenders typically come from subcultures distinct from mainstream American society. They have been exposed to perverse sets of rules for governing behavior and isolated from more commonly accepted norms. These offenders do not have the knowledge or skills to choose prosocial behavior, however, they do have an interest in being positive members of society. These juveniles require extensive educational intervention focusing on the laws and expectations enforced throughout the United States, as well as the impacts on

others and consequences of negative behavior. With societal expectations internalized, these offenders are not likely to reoffend.

Type 3: These offenders are the most dangerous. They have the knowledge and skills to choose behavior consistent with the laws and expectations of society, however they choose not to do so. Instead, these offenders knowingly choose to hurt others and destroy property, well aware of the impacts of their behavior and the consequences if caught and convicted of such crimes. These offenders require intensive treatment directed at incorporating a sense of empathy for others. These juveniles are able to act out their crimes largely because they objectify other human beings. Untreated or treated without success, these offenders are highly likely to continue to increase their dangerous behavior and victimization of others.

Type 4: These juveniles are typically in transition. Many of them are overwhelmed and cautious as they interact with other wards and staff. These offenders are likely to move into one of the other typologies within 3 months. Often this movement is greatly influenced by peers with whom an offender associates or looks to as a role model. At this point, staff has an opportunity to direct an offender towards successful programming if staff recognizes the importance of controlling ward interactions and status. Interventions for these offenders should include conscious peer selections by staff, empathy training, and Reality therapy.

Data Collection and Analysis

Staff members (six Youth Counselors and three psychologists) were trained to use The Offender Typology System and to categorize each of the offenders on their caseloads into one of four areas. One psychologist and one youth counselor met to discuss each offender on their caseload, jointly reaching a decision as to where each offender fit within the framework of the Typology Model. At the same time, each offender was asked to place himself into one of the areas on the Model. The percent of wards classifying themselves into each type was compared with the percent of wards falling into each type as identified by staff members.

Findings

As illustrated in Figure 1, 65.1% of juvenile offenders described themselves as fitting into Type 1, while 13.3% were identified by members of the treatment team. These results seem consistent with the wards' attempts at presenting themselves ready for parole. Consistent with observations and interviews with staff, these findings reflect the common intent of program participants to minimize the impression of a potential for future violent behavior and exaggerate their ability or intent to be prosocial members of society. When examining these results, individuals on staff stated they perceived most members of this particular group of juveniles to be lacking the knowledge and skills to identify and choose acceptable behavior.

Consistent with staff interpretations explaining the high percentage of offender self-ratings in Type 1, members of the staff placed 22.6% of juvenile offenders in Type 2. According to staff members, these juveniles lacked the knowledge and skills to choose prosocial behavior, although they had the desire to do so. In terms of self-report, only 4.7% of wards considered themselves as belonging in Type 2. This finding is consistent with earlier observations indicating that offenders are resistant to admitting or exposing weaknesses of any kind. Much of this is attributed to the culture within prisons.

Probably a result of a lack of appropriate shame or guilt, 22.1% of wards considered themselves to be in Type 3. Given the lack of indication of remorse by these offenders, and their apparent unwillingness to change, it is not surprising members of the treatment team identified 26.7% for this Type. As mentioned previously, the juveniles in this group are considered the most dangerous and least amenable to treatment. Many of them have family members in prisons, including brothers, sisters, fathers, mothers, and grandparents. For many of these juveniles, going to prison is consistent with their limited view of the future.

In an intensive treatment program such as one addressing the needs of juvenile sex offenders, it is common to observe treatment participants who are in transition. If effective, treatment should make offenders uncomfortable with themselves for periods of time, thereby encouraging change in a beneficial direction. Staff members reported 37.4% of program participants were within Type 4, while wards' self-report was only 8.1%. This again supports the assumption regarding offenders' reluctance to admit or expose weakness of any kind. Again, the importance of creating a living unit climate and culture, created and controlled by members of the treatment team rather than offenders, is indicated. As was often observed, while offenders presented themselves as resistive and rebellious on the living unit, in counseling groups or when alone with staff members, offenders were much more willing to describe themselves accurately, weaknesses and all.

Application/Interventions for Teachers

The following interventions may be helpful to teachers as they integrate their services into a treatment program for juvenile sex offenders. This is not an exhaustive list of methods, it is a starting point from which to consider and create various options.

1. Anger Management

Since sexual assault can be motivated by anger, anger management is a logical treatment component. Moreover, techniques for identifying and controlling anger may be helpful in controlling sexual impulses. Lastly, these techniques can be effective tools for stress reduction.

It is critical to stress that anger is no excuse for violence. This is an essential part of any successful violent offender rehabilitation program (Paymar & Pence, 1993). While not excusing sexual violence resulting from high levels of anger or stress, professionals should realize that the likelihood of an offense increases when juveniles are under such conditions. Learning to control these emotions is an important part of treatment.

Violent offenders often have very little knowledge of their own anger or nature of anger in general. They tend to be naïve concerning the physiological changes anger produces, the harmful physiological as well as sociological effects it has, and strategies for controlling overwhelming hostility. In fact, a fatalistic "I was mad," is often the only explanation some can give for the most outrageous behavior. When offenders understand their own signs of increasing anger, they can recognize and control it. Once offenders believe they are in control of their emotions rather than the inverse, they are often much more receptive to the idea that they can make prosocial changes in their lives, thus keeping them out of trouble and danger. In fact, evidence of a much-improved self concept is indicated by offenders who believe they are not helpless, out of control, or doomed to a life of crime.

Steps:

1. Stress management begins with the exercises called melting, a popular adaptation of the work of Goldstein, Glick, and Gibbs (1998). Two minutes of deep breathing, listening to music with a heartbeat rhythm, and eyes closed or gazing at a candle noticeably reduces physiological signs of stress.
2. Offenders are given an analogy describing anger as a huge dog that protects them. They can begin to understand that they need to control their anger just as they need to keep the dog from biting people, such as family members, policemen, etc., regardless of whether these people are upsetting them or not.
3. Juveniles are asked to describe, relative to themselves and others, the harmful results produced by anger. This includes both physiological and social impacts. Responses are recorded.
4. Participants are asked to identify their own physiological warning signs of increasing levels of anger, and these responses are recorded.
5. Offenders are taught to use deep breathing and clench- and-release exercises while observing physiological warning signs in themselves.
6. Reasonable responses to anger-provoking situations are discussed. For purposes of credibility, the specific materials should be meaningful to and consistent with the backgrounds of offenders.
7. These juveniles identify a situation in which they have or might have victimized another. They then role-play prosocial responses.

It must be remembered that this type of program, with each numbered item above representing a new lesson, has the constraints of any other behavior management program. It is modular, and any piece of it works well in connection with any other program or technique. As with other behavioral programs, it must remembered that it will work well when applied stepwise to behaviors, while applied to one at a time. Although offenders with the least optimistic prognosis according to typology have less chance of success on the whole, individuals in transition, or those who may have been mistyped, or those for whom this program offers a unique optimism, will have a better chance of success. At the same time, further efforts can be directed at developing effective interventions for offenders who do not respond appropriately to treatment.

2. Empathy Development

   A. Violent students have significantly low ratings on empathy scales (Mehrabian, 1997). Programs which significantly increase empathy in younger students (Beland, 1989) need to be imitated or adapted, and later empiriccally validated for the age group.

   B. Meetings are conducted with offenders and their families or other visitors. These meetings provide an opportunity to address offender support as it relates to the community and family to which he will return.

3. Relapse Prevention Tools

Used effectively with individuals who have drug abuse or other addictive disorders, Relapse Prevention (Marlett, 1985) is a treatment program based on personal responsibility, awareness of self, and trust in one's ability to change. The basic premise is that individuals can become aware of their own experiences prior to an acting out behavior, during the acting out behavior, and after its occurrence. Once the offender has acquired this knowledge, he or she will be taught to implement various strategies that can alter a potentially negative outcome. For example, a child molester should not babysit children. Doing so creates a high risk situation in which the offender is likely to become

increasingly aroused. This arousal will soon be accompanied by rationalizations that make it easier for the offender to victimize. He may tell himself he will only do it this once, the child will like it, or he has a right to gratify himself. By using this self-talk, the offender tears down barriers that would prevent a normal individual from molesting a child. Eventually the offender is able to see the child as an inanimate object, something devoid of feelings or pain, and something to which he has an exclusive right to use for self-gratification. As uncomfortable as it is to interact with such offenders, providing them psychoeducational treatment is one of the only ways to protect society. Teachers, as part of a comprehensive treatment approach, may use the following questions as guide to instruction.

Offenders must be able to answer each of the following questions. They can display no signs of minimization, denial, or rationalization for what they have done. Responses must be complete, an accurate account of events, and reflective of the treatment program.

1. Describe what you did (the offense).
2. Describe how you felt (emotionally and physically) before, during, and after the offense.
3. Describe how your victim felt (emotionally and physically) before, during, and after the offense.
4. Describe your high risk situations.
5. Describe how you plan to avoid your high risk situations.
6. Describe what you will do if you find yourself in a high risk situation. The offender should have a plan.

This approach can be applied, using a less intensive style than that for sex offenses, for many types of classroom disruptions. For example, an offender neglects to complete his homework. The teacher can ask him to describe what happened (he fails to turn in his homework even if it is completed), how he felt (angry before it happened, scared while it was happening, and very angry after confronted by the teacher), how the victim felt (recognizing the stress for peers and the teacher caused by the situation), his high risk situations (putting homework on his bed and watching football rather than placing the homework in the correct folder), his plan to avoid a high risk situation (sit away from the TV until the homework is completed and in the correct folder), and his plan to escape a high risk situation (leave the area of the TV and place the homework, even if not completed, in the correct folder for retrieval later).

3. Create a prosocial classroom community

Victimizing behavior, even when seemingly minor, must be confronted. With collaboration from students, teachers can develop a list of classroom expectations as they relate to interactions with peers and staff members. All students should agree to rules for behavior, and indicate so by signing a contract created specifically for this purpose. Consequences for negative behavior should also be defined and agreed upon.

4. Integrate Art into the Curriculum

Expressive activities, such as drawing, singing or creative writing can provide a forum for students to learn about themselves. When in treatment, juvenile sex offenders can be overwhelmed by the intensity of their experiences. Drawing for example, allows a student to express complex feelings and unconscious fears. Before these violent offenders are able to experience needed empathy for others, they must become knowledable about their own painful experiences. Art may provide a first step for doing this.

5. Sex Education and Sexuality
Despite their crimes, juvenile sex offenders typically know little about normal sexual development. Directly addressing sexual development and behavior may assist offenders in understanding their own sexuality while reducing the topic's mystique. How does one take power away from offenders? One becomes willing to talk about anything. The secret loses it's power when it is discussed openly. Information regarding socially accepted dating behavior should also be included. What is acceptable sexual behavior in American culture?

6. Child Development
Child molesters typically misperceive children as sexually aroused individuals. Understanding cognitive, emotional, social, and physical development in children will help confront offenders with errors in their thought processes.

7. Gender Roles in Today's Society
Sex offenders, particularly rapists, often lack accurate information regarding the roles of men and women in today's society. Rigid stereotypes about what is and is not acceptable behavior for men and women should be confronted. Challenging perceptions of women as objects is critical in helping offenders to develop empathy for others. The influences of TV and advertising on sex role stereotyping should be included.

8. Vocational Exploration
As mentioned previously, many offenders have a very limited view of the opportunities available to them in society. Rather than see prison as their only option, offenders should be introduced to a variety of trades and professions as they relate to prosocially supporting one's self and family.

9. World Cultures and History
Most juvenile offenders have no experience traveling between cultures. Their interactions have been with same-age peers who are very similar to themselves and from nearby neighborhoods. Opportunities to be influenced by a larger perspective are needed. With an increased awareness of other's values, traditions, customs, and expectations, offenders may recognize their own intense egocentricity. Inaccurately perceiving themselves as victims of a cruel society, offenders benefit from learning about events in which entire societies were persecuted. Are these offenders experiencing something never experienced by any other individual? Showing these juveniles the common experience of human struggle facilitates an appreciation for experiences shared by all people since the beginning of civilization. It is helpful to include examples of how the offenders' own ancestors overcame huge obstacles.

10. Current Norms and the Role of Law in American Society
What is acceptable social behavior between men and women or adults and children? What are the limitations and consequences of specific behaviors? For these students, the legal system is seen as the enemy. If asked to describe past mistakes, offenders usually respond by explaining they should not have been caught by the police. The mistake for them is not the offense they committed, but that they did not get away with it. Mock Trial is an example of an activity that introduces offenders to the law from the prosocial, rather than antisocial perspective.

Summary and Conclusions

Members of the treatment team reported The Offender Typology System to be an accurate, useable, and simple system helpful in identifying individual offender needs. For example, there were offenders who lacked an awareness of societal norms concerning sexual behavior. One particular offender had been convicted of having sex with girls

between the ages of 9 and 11. An inquiry into his background revealed his recent immigration to the United States, from a county in which sex between an adolescent male and a girl of 9 was acceptable.

Psychoeducational interventions were used to explain common laws, norms in the mainstream American culture, and resulting consequences for choosing behaviors outside those norms. Offenders identified as "not caring" about societal norms, laws, and consequences were found to be the most difficult to treat. Later discussions with staff concerning the allocation of resources (e.g., money, time, space) centered around the usefulness of treating offenders who were not amenable to change vs. the risk to society.

The Offender Typology Model is a useful tool in identifying offender needs and matching them with appropriate interventions as part of a multidisciplinary approach to service delivery. The Model is helpful when developing psychoeducational interventions for use in the classroom and other settings, assessing dangerousness, evaluating progress during treatment, training staff, and directing the appropriate allocation of resources, while supporting a team approach across various settings. Included in program planning, the System encourages teachers to develop ideas in collaboration with other professionals.

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Figure 1.
Continuum of Care
Offender Typology Model

Intellect
"I Know"

Emotion "I Care"	+	-
+	**Students have the needed information and skills and intend to use them prosocially.** **Student Self-Report 65.1%** **Staff Evaluation 13.3%**	**Students lack the knowledge and skills necessary for prosocial behavior, but do have an interest in being prosocial.** **Student Self-Report 4.7%** **Staff Evaluation 22.6%**
-	**Students have the knowledge and skills necessary to function prosocially, but lack a prosocial value system.** **Student Self-Report 22.1%** **Staff Evaluation 26.7%**	**Students lack both the knowledge and skills to behave prosocially, and a prosocial value system.** **Student Self-Report 8.1%** **Staff Evaluation 37.4%**

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